

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|---------------|--------------------------------|-------|-----------------|----------------|
| Died <i>May</i> | | Town <i>Crapple</i> | | County <i>Galboe</i> | | MARYLAND | |
| Date of death <i>1909</i> | | Month <i>1</i> | Day <i>23</i> | Age <i>87</i> | Years | Months <i>-</i> | Days <i>24</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Galboe Co -</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>-</i> | | | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>Hermetta Fitzhugh Adams</i> | | | | | |
| Father's Name <i>Francis Baker</i> | | Father's Birthplace <i>Galboe Co Ind</i> | | | | | |
| Mother's Maiden Name <i>Douglas Esther Nichols</i> | | Mother's Birthplace <i>-</i> | | | | | |
| Name of person giving information <i>J. H. Baker</i> | | How related to deceased <i>son</i> | | | | | |

CAUSES OF DEATH

| | | | |
|-----------|-------------------|----------|------------------|
| Primary | <i>Influenza</i> | How long | <i>3 weeks -</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>10 days -</i> |

Are the name, age, sex, color, date and place correctly given above?

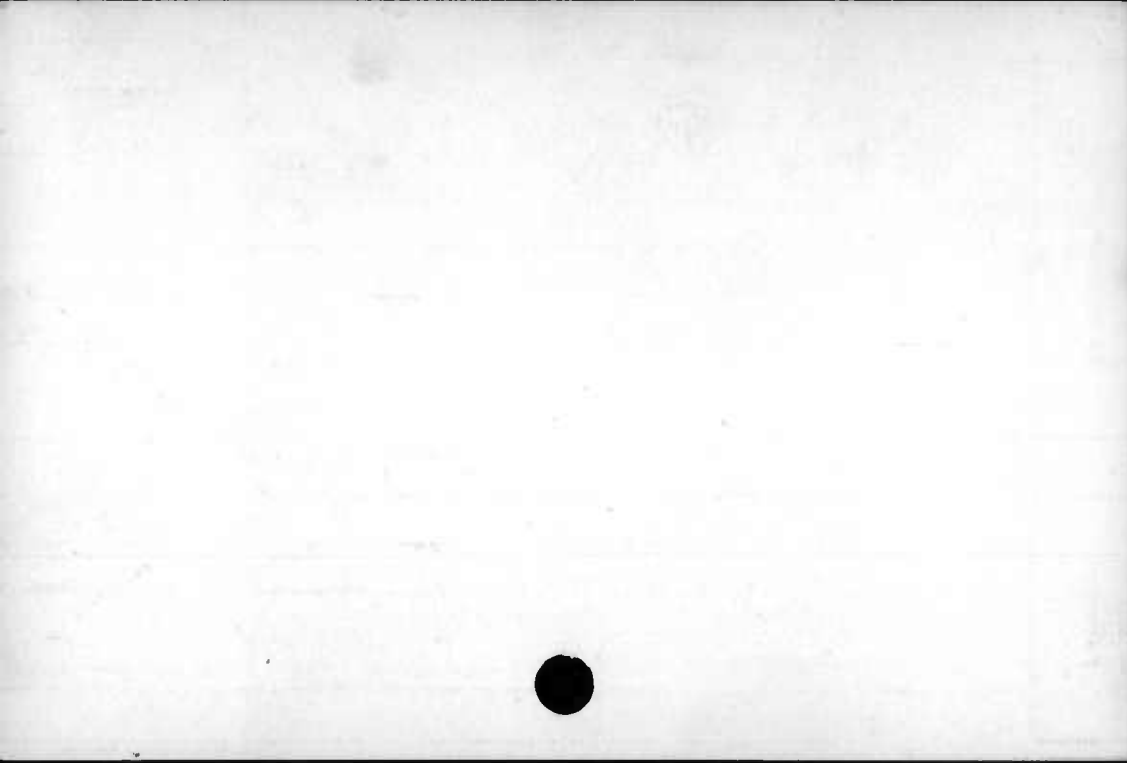
Yes.

Signature of Physician

Address

Joseph A. Ross M.D.
Crapple, Galboe Co Ind

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

William E. Boston

CERTIFICATE OF DEATH

MARYLAND

Died at *Tilghman* Town*Talbot* County

Date of death 1907 Jan 18

Age 50

Months

Days

Sex Male

Color or Race

Black

Birth-place Balto - Md

Occupation Oysterman

Where Residing if not at place of death

Westover Md

Married, Single or Widowed Widower

Name of Wife or Husband

Unknown

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Joshua Maddox

How related to deceased

Friend

CAUSES OF DEATH

Primary

Paresis

How long

3 yrs

Immediate

Paralysis

How long

few days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

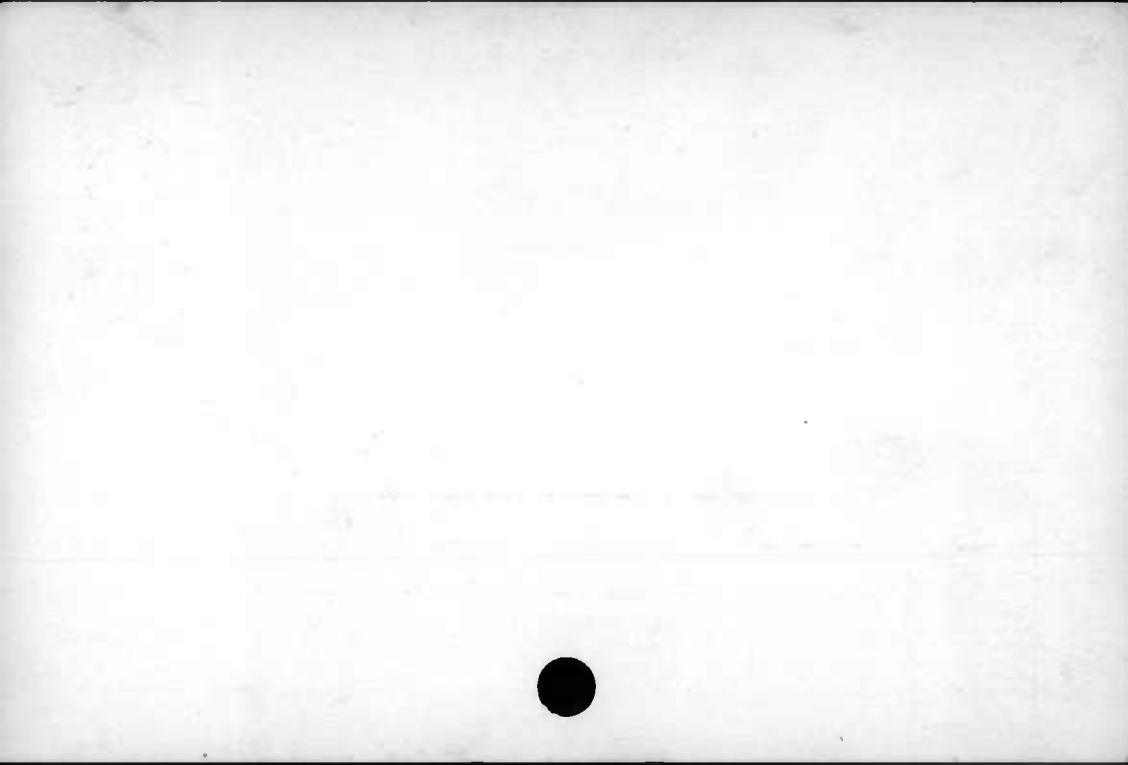
S. K. Wilson

Address

Tilghman Md

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------|-----------------------|---------------------------------------|----------------|----|
| Died at <u>Eastern</u> Town | | <u>Bennett</u> County | | MARYLAND | |
| Date of death | 1907 | Month | Apr | Day | 18 |
| Age | Years | | Months | Days | |
| Sex | <u>M</u> | | Color or Race | <u>White</u> | |
| Occupation | <u>—</u> | | Birth-place | <u>Eastern</u> | |
| Where Residing if not at place of death | | | <u>—</u> | | |
| Married, Single or Widowed <u>—</u> | | | Name of Wife or Husband <u>—</u> | | |
| Father's Name <u>Geo. R. Bennett</u> | | | Father's Birthplace <u>W. Va.</u> | | |
| Mother's Maiden Name <u>Mabel Henry</u> | | | Mother's Birthplace <u>W. Va.</u> | | |
| Name of person giving information <u>G. R. Bennett</u> | | | How related to deceased <u>Father</u> | | |

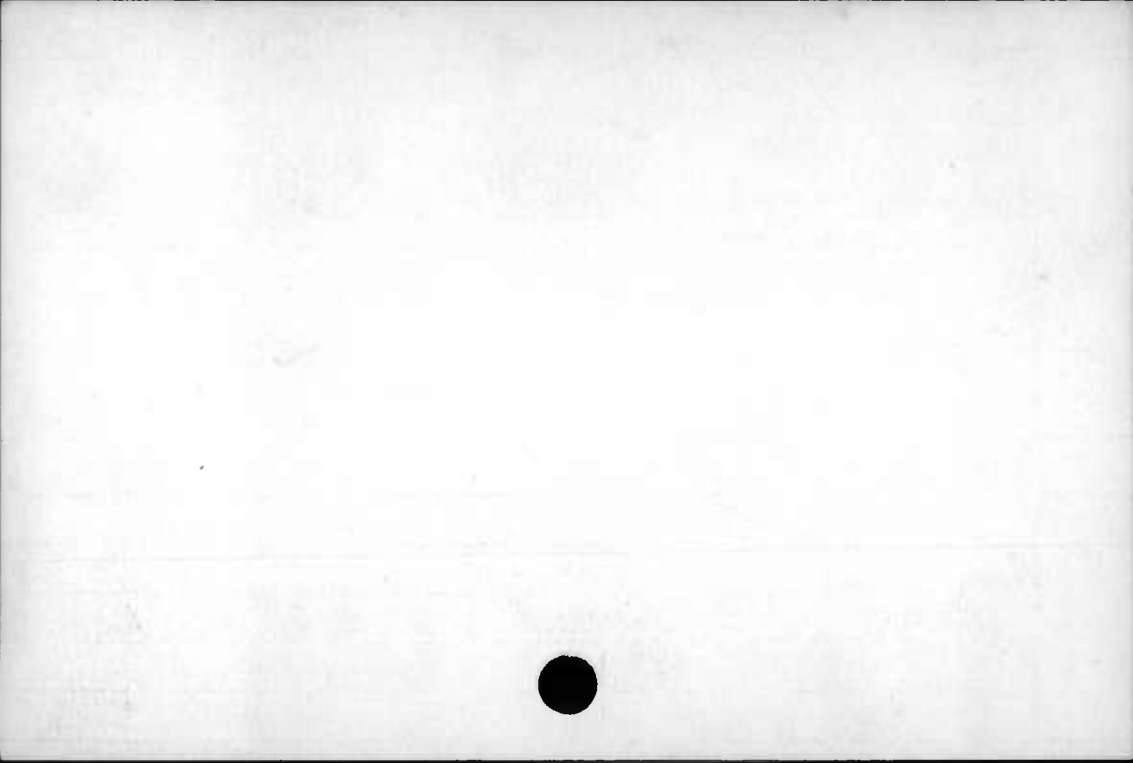
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|---|--------------|
| Primary | <u>Injured by lichen</u> | How long | <u>1 day</u> |
| Immediate | <u>—</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>[Signature]</u> | |
| <u>Q</u> | | Address <u>Eastern</u> | |
| Accident or Suicide? | | | |



| Name in Full | | Robert Bencluy | | | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|----------------|-------------------|-------------------------|---|----------------------|---------------|-------|----|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Eaton | | County | | Tabor | | |
| | Date of death | | 1907 | Month | Jan | Day | 18 | Age | 21 |
| | Sex | | Male | | Color or Race | | Black | | |
| | Occupation | | water | | Where Residing if not at place of death | | ✓ | | |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | ✓ | | |
| | Father's Name | | W Preston Bencluy | | Father's Birthplace | | S'm chuch | | |
| | Mother's Maiden Name | | Agnes Emma | | Mother's Birthplace | | Tabor | | |
| Name of person giving information | | Agnes Emma | | How related to deceased | | Mother | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Tuberculosis | | | | How long | 1 yr. | |
| | Immediate | | | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | W. J. Haywood | | |
| | Accident or Suicide? | | | | Address | | Eaton | | |



| | | | | | | | |
|-------------------------------------|--|-------------------|-------------------|---|-------------------------|----------------------|-----------------|
| Name in Full | | Charles S. Blades | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | St. Michaels | | County | | Talbot |
| | Date of death | | 1907 | Month | Jan | Day | 14 |
| | Age | | 66 | Years | 9 | Months | 12 |
| | Sex | | Male | Color or Race | | White | Birth-place |
| | Occupation | | Carpenter | Where Residing if not at place of death | | St. Michaels | Talbot Co |
| | Married, Single or Widowed | | Married | Name of Wife or Husband | | Elizabeth A. Blades | |
| PHYSICIAN OR CORONER | Father's Name | | Thomas Blades | | Father's Birthplace | | Talbot Co |
| | Mother's Maiden Name | | Mary A. Blades | | Mother's Birthplace | | |
| | Name of person giving information | | Charles S. Blades | | How related to deceased | | Son |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Heart Trouble | | How long | | 1 week |
| | Immediate | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Dr. J. B. Selby |
| | | | | | Address | | St. Michaels |
| | Accident or Suicide? | | No | | | | Yes |



Name
in
Full

Baltimore

CERTIFICATE OF DEATH

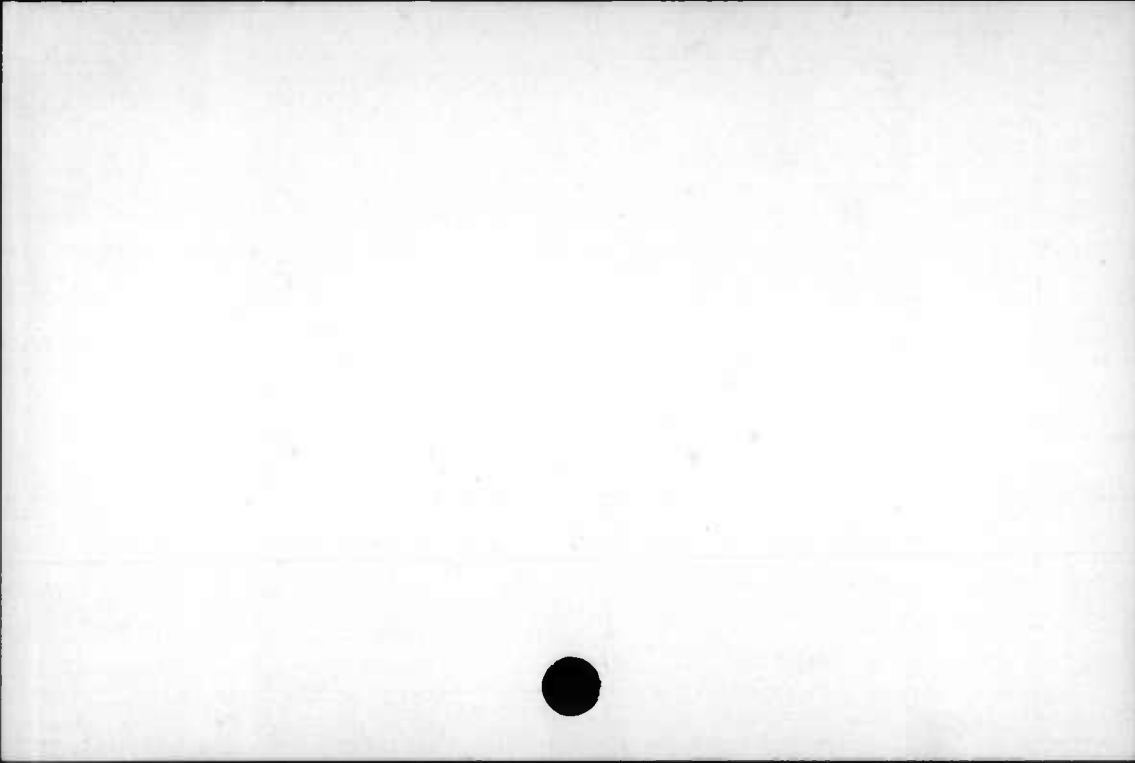
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------------------|--|--|--------------------------|
| Died <u>men</u> <u>Eurus</u> ^{Town} | | <u>Talbot</u> ^{County} | | MARYLAND | |
| Date of death <u>1907</u> <u>Jan</u> ^{Month} | | <u>6</u> ^{Day} | Age <u>—</u> ^{Years} | <u>—</u> ^{Months} | <u>1</u> ^{Days} |
| Sex <u>male</u> | | Color or Race <u>Black</u> | | Birth-place <u>Talbot Co</u> | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>—</u> | | | Name of Wife or Husband <u>—</u> | | |
| Father's Name <u>—</u> | | | | Father's Birthplace <u>—</u> | |
| Mother's Maiden Name <u>Louisa Bontney</u> | | | | Mother's Birthplace <u>Talbot Co</u> | |
| Name of person giving information <u>James Bontney</u> | | | | How related to deceased <u>S. Father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Pneumonia</u> <u>Black</u> | How long <u>1</u> |
| Immediate <u>—</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>James Bontney</u> |
| | Address <u>Eurus Ave.</u> |
| Accident or Suicide? | |



Name
in
Full

Mary E Boodle

CERTIFICATE OF DEATH

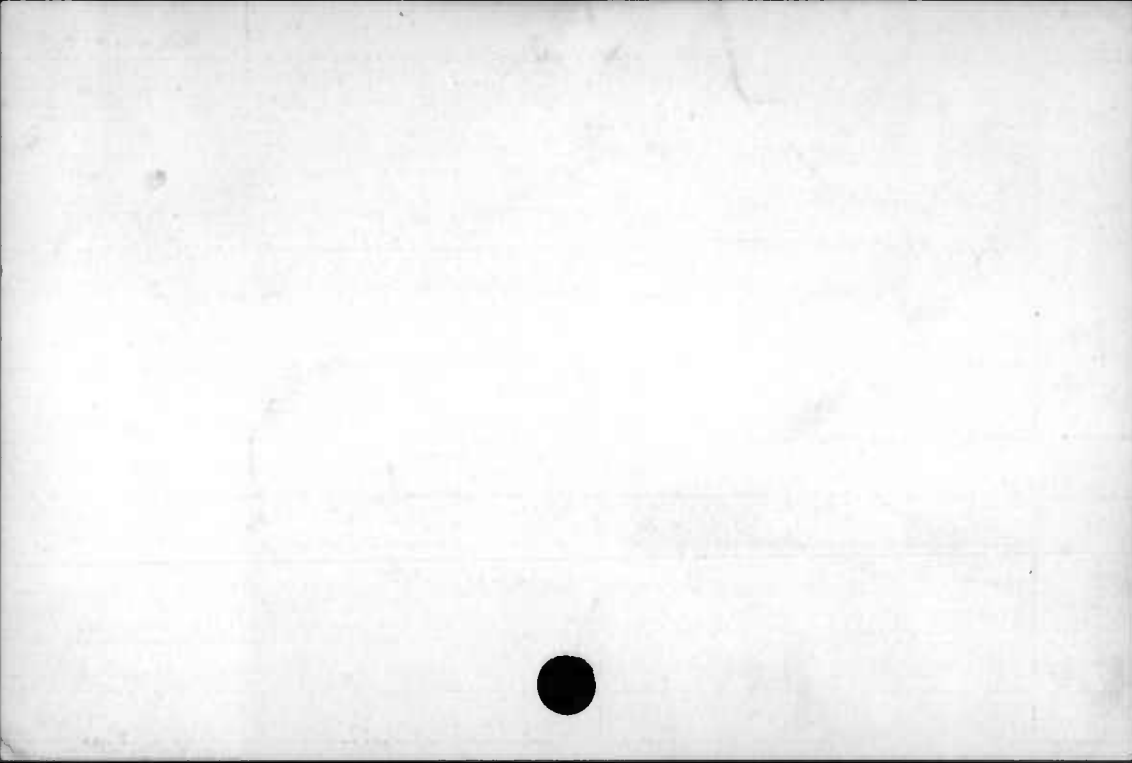
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|------------|----------------|----------------------|--|----------------------------|-----------------|-----------|
| Died at | | Town Easton | | County Tallot | | MARYLAND | |
| Date of death | 1907 | Month Jan | Day 10 | Age Years | 54 | Months | 4 |
| Sex | Female | | Color or Race | White | | Birth- place | Talbot Co |
| Occupation | House wife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Widow | | | | |
| Name of Husband | | | Joseph Boodle | | | | |
| Father's Name | | | Edward Ray | | Father's Birthplace | | |
| Mother's Maiden Name | | | Elizabeth Jefferson | | Mother's Birthplace | | |
| Name of person giving in formation | | | Mrs. Cora E. Gammage | | How related to deceased | | |
| | | | | | Daughter | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|------------------|-------------------|----------|----------|
| Primary | Acute Meningitis | | How long | 14 days |
| Immediate | Exhaustion | | How long | few days |
| Are the name, age, sex, color, date and place correctly given above? | | ybs | | |
| Signature of Physician | | Chas. F. Davidson | | |
| Address | | Easton Md | | |
| Accident or Suicide? | | 9 | | |



Name
in
Full

Mrs Margaret Florence Bridges

CERTIFICATE OF DEATH

Died at Bozman ^{Town} Talbot ^{County}
 Date of death 1907 ^{Month} Jan ^{Day} 16 ^{Years} 72 ^{Months} — ^{Days} —
 Sex Female Color or Race White Birth-place Baltimore
 Occupation House work. Where Residing if not at place of death —
 Married, Single or Widowed Widowed Name of Wife or Husband Joseph H. Bridges
 Father's Name John F. Anderson Father's Birthplace Talbot Co
 Mother's Maiden Name Jennie Harrison Mother's Birthplace Talbot Co
 Name of person giving information H. M. T. Bridges How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia ^{How long} 4 days
 Immediate Cardiac Asthenia ^{How long} 1 day

Are the name, age, sex, color, date and place correctly given above? yes

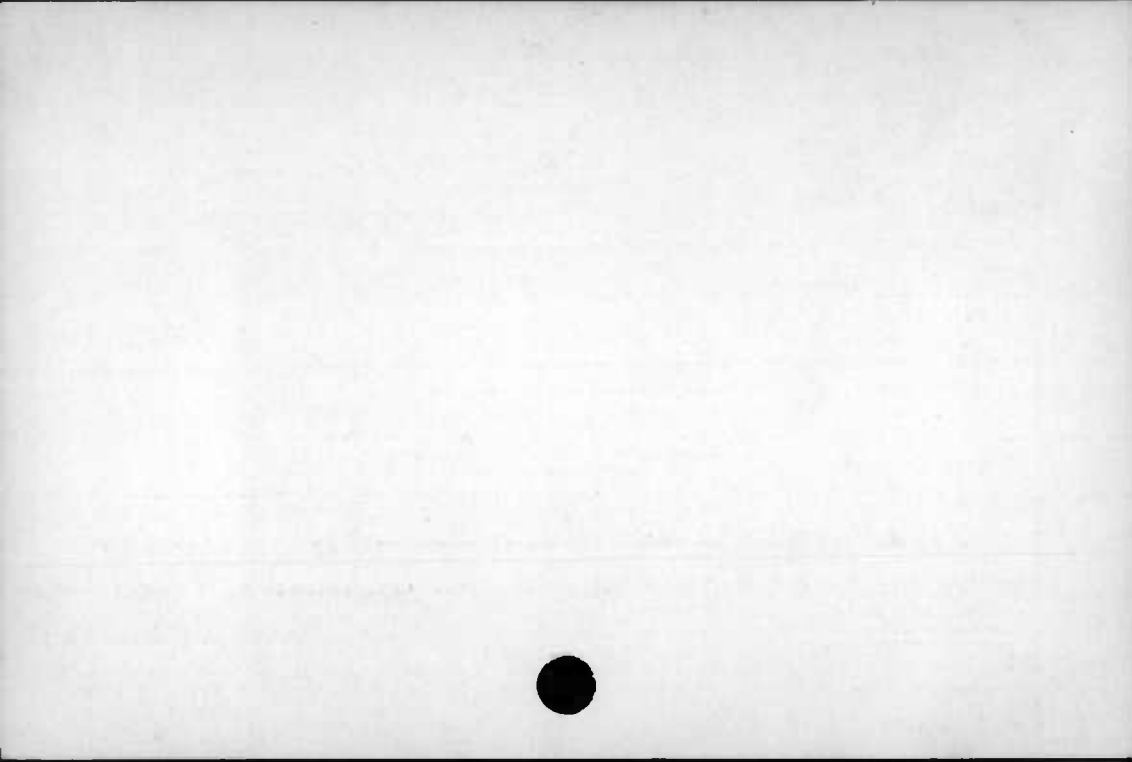
Signature of Physician

Address

H. E. Gapp
St. Michael Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret Anne Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--|----------------------------------|--|
| Died at <i>Easton</i> ^{Town} | | <i>Falbot</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> ^{Month} <i>Jan</i> ^{Day} <i>31st</i> ^{Years} <i>74</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Dorchester Co</i> | |
| Occupation <i>Housekeeper</i> | | Where Residing if not at place of death <i>Easton</i> | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Saulsbury Carroll</i> | | | |
| Father's Name <i>Thomas Hooper</i> | | Father's Birthplace <i>Dorchester</i> | | | |
| Mother's Maiden Name <i>Don't Know</i> | | Mother's Birthplace <i>"</i> | | | |
| Name of person giving information <i>Robt F. Waack</i> | | How related to deceased <i>Half Brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Serious debility

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

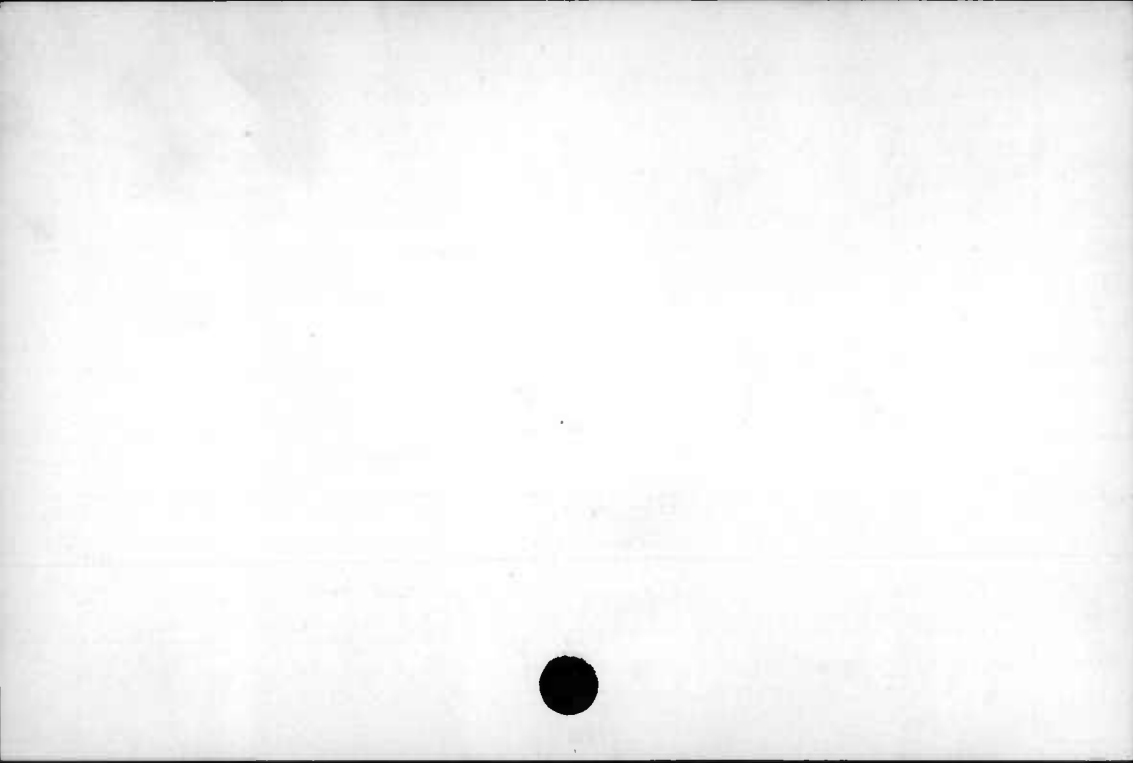
Signature of Physician

Address

A J Hayward
Easton

Accident or Suicide?

Med.



Name
in
Full

CERTIFICATE OF DEATH

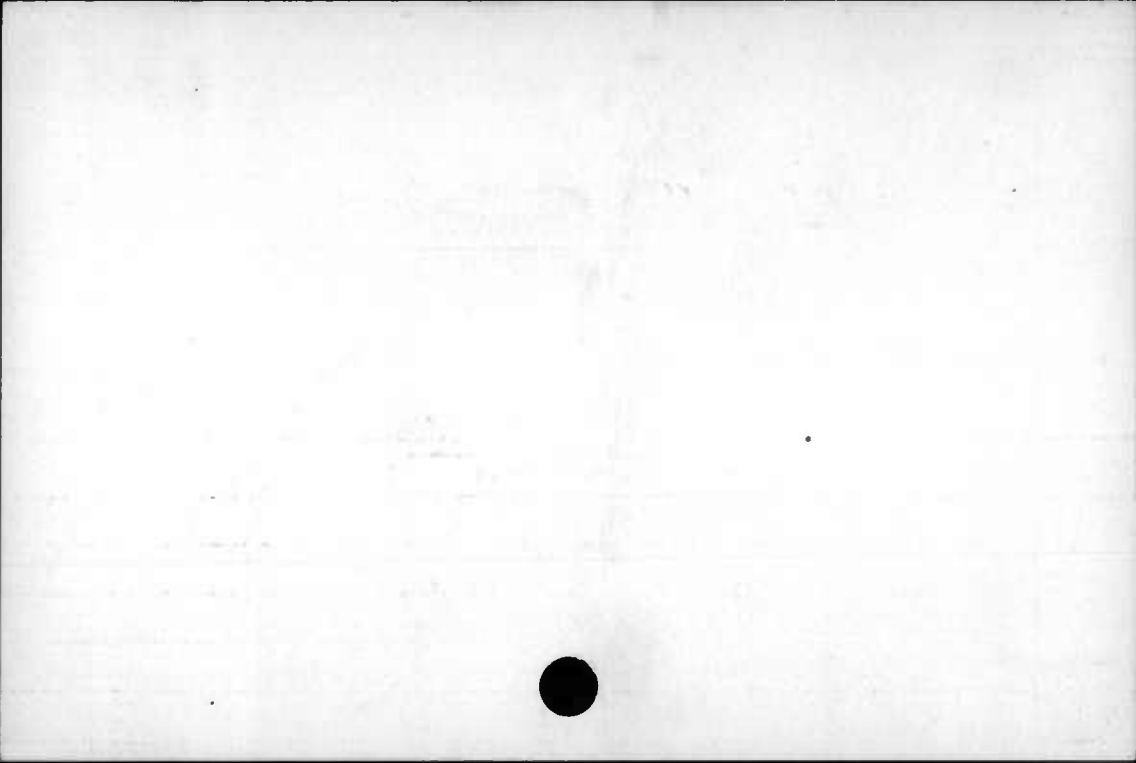
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------|-------------------------|---|-------------------------|--------|
| Died at <u>Eustis</u> Town | | <u>Chance</u> County | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 12 |
| Age | Still-born | | Years | Months | Days |
| Sex | Male | Color or Race | White | Birth-place | Eustis |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | Charles W. Chance | | | Father's Birthplace | Ind |
| Mother's Maiden Name | Annie L. Roe | | | Mother's Birthplace | Ind |
| Name of person giving information | C. W. Chance | | | How related to deceased | Son |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|---|----------|
| Primary | Still born | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>[Signature]</u> | |
| | Address <u>Eustis Ind</u> | |
| Accident or Suicide? | | |



Name
in
Full

Walter L. Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|------------------------|--------------|--|----------|------------|-------------|
| Died at | | Town Easton | | County Talbot | | MARYLAND | |
| Date of death | | 1907 | Month Jan | Day 18 | Age 2 | Years 6 | Months — |
| Sex Male | | Color or Race White | | Birth-place Talbot Co | | | |
| Occupation — | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed — | | | | Name of Wife or Husband — | | | |
| Father's Name Elijah Culver | | | | Father's Birthplace Caroline Co | | | |
| Mother's Maiden Name Sarah Culver | | | | Mother's Birthplace " " | | | |
| Name of person giving information Elijah Culver | | | | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|---|---------|
| Primary | Laryngeal diphtheria | How long | 4 days |
| Immediate | asphyxiation | How long | few hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Chas. F. Davidson | |
| yes | | Address Easton | |
| Accident or Suicide? | | | |

Dr Davidson

Name
in
Full

Dobson

CERTIFICATE OF DEATH

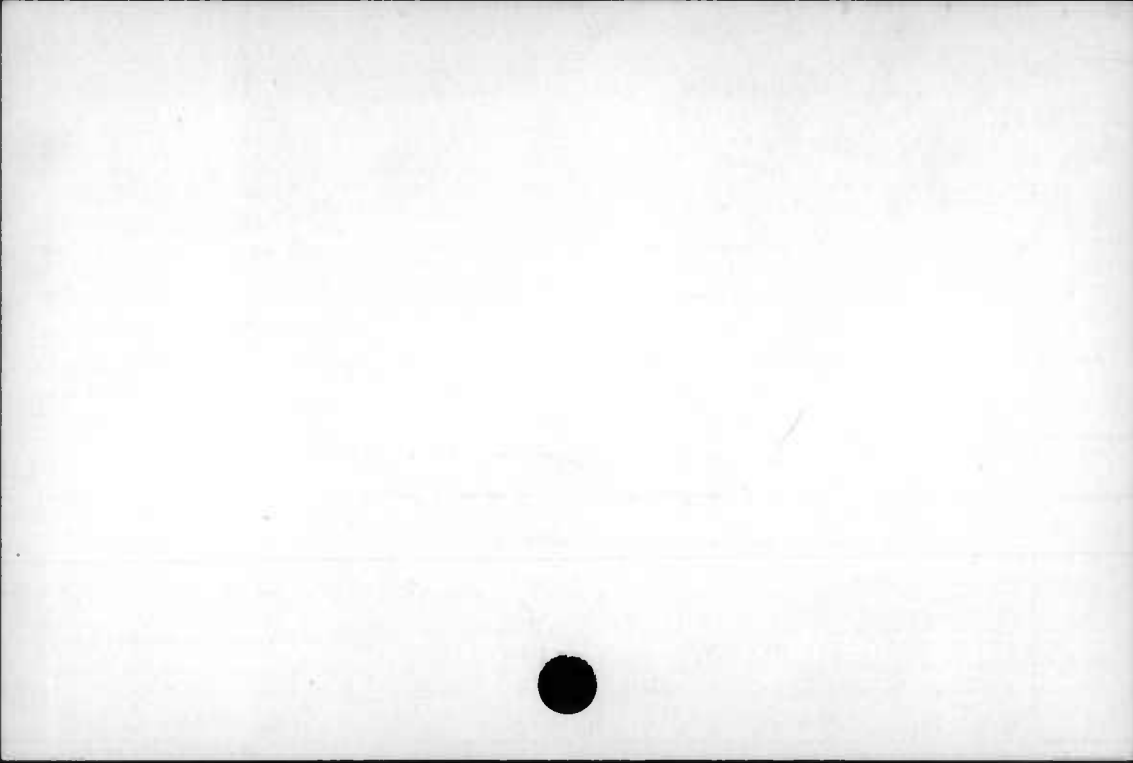
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|--|---|--|
| Died at <u>Easton</u> <small>Town</small> | | <u>Talbot</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1907</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>8</u> <small>Age</small> <u>—</u> <small>Years</small> <u>—</u> <small>Months</small> <u>1</u> <small>Days</small> | | Sex <u>Female</u> <small>Color or Race</small> <u>Black</u> <small>Birth-place</small> <u>Easton</u> | | Occupation <u>—</u> <small>Where Residing if not at place of death</small> <u>—</u> | |
| Married, Single or Widowed <u>—</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Chas Foreman</u> | | Father's Birthplace <u>Talbot</u> | | | |
| Mother's Maiden Name <u>Lurania Dobson</u> | | Mother's Birthplace <u>"</u> | | | |
| Name of person giving information <u>Lurania Dobson</u> | | How related to deceased <u>Mother</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Premature birth</u> | How long <u>—</u> |
| Immediate <u>—</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>A. J. Hayward</u> |
| | Address <u>Easton</u> |
| Accident or Suicide? <u>—</u> | <u>Md.</u> |



Name
in
Full

CERTIFICATE OF DEATH

Name *Phillip Gibson Jr*

Died at *Long woods* ^{Town} *Talbot* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Jan* ^{Day} *9* ^{Years} *14* ^{Months} *—* ^{Days} *—*

Sex *Male* **Color or Race** *Columb* **Birth-place** *Talbot Co*

Occupation *Fanner* **Where Residing if not at place of death** *Long woods*

Maided, Single or Widowed *Single* **Name of Wife or Husband** *—*

Father's Name *Phillip Gibson* **Father's Birthplace** *Talbot Co.*

Mother's Maiden Name *Dallie Gibson* **Mother's Birthplace** *L. Ann Co.*

Name of person giving information *John G. G. G.* **How related to deceased** *None*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Enteric fever* **How long** *3 weeks*

Immediate *—* **How long** *—*

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Unionville

Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Marie Goldsborough

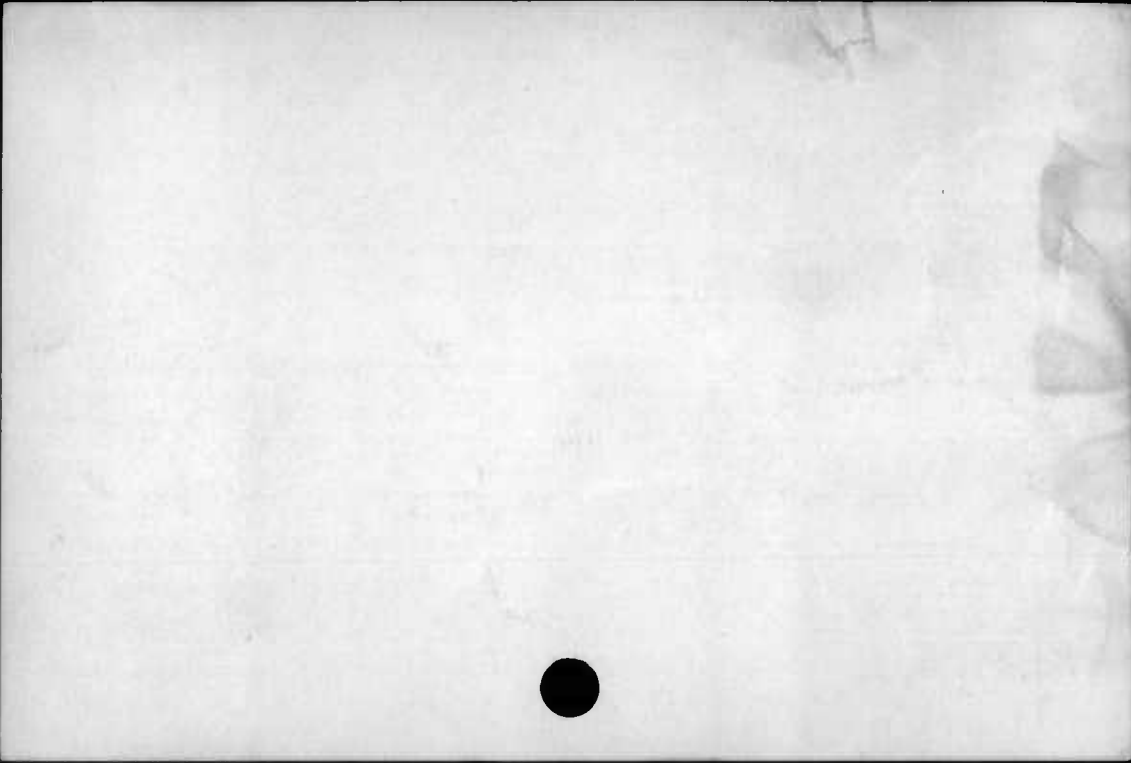
CERTIFICATE OF DEATH

MARYLAND

| | | | | | | | |
|--|--|---|--|---|--|-----------------|--|
| Died at <i>Deep Neck.</i> | | Town <i>Talbot</i> | | County <i>Talbot</i> | | | |
| Date of death <i>1907</i> | | Month <i>Jan</i> | | Day <i>7</i> | | Years <i>72</i> | |
| Sex <i>Female</i> | | Color or Race <i>Negro.</i> | | Birth-place <i>Talbot Co md</i> | | Months <i>4</i> | |
| Occupation <i>Domestic</i> | | Where Residing <i>at place of death</i> | | <i>Deep Neck</i> | | Days <i>6</i> | |
| Married, Single or Widowed <i>widowed</i> | | Name of Wife or Husband | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name <i>Ann. M. Jackson.</i> | | | | Mother's Birthplace <i>Talbot co.</i> | | | |
| Name of person giving information <i>Cliza Jackson</i> | | | | How related to deceased <i>daughter</i> | | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Acute bronchitis, Grip.</i> | How long <i>6 or 7 days</i> |
| Immediate <i>asthenia - heart failure</i> | How long <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Sam'l C. Trippe</i> |
| | Address <i>Royal Oak, md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baber Honey
Tilghman

County

Talbot

MARYLAND

Date

of death

1907

Month

Jan

Day

22

Age

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Tilghman

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas. H. Honey

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Elizabeth Honey

Mother's
Birthplace

Kent Co

Name of person giving
information

Chas H. Honey

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Attended by

Accident or Suicide?

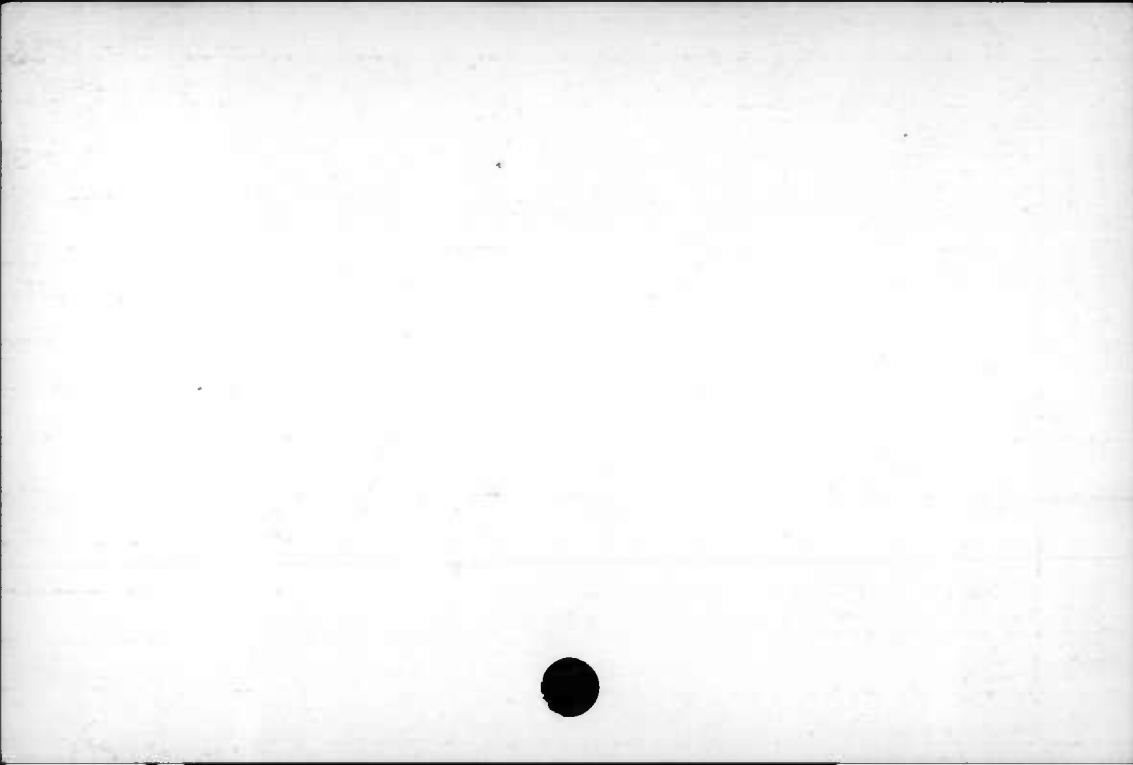
Mid wife

D. K. Wilson

Tilghman

Lizzie Ward

me



Name
in
Full

Sidney Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|----------------------------|--|--------------|-----------------|-----------------|---------------|
| Died at <i>Royal Oak</i> <small>Town</small> | | <i>Palbot</i> <small>County</small> | | MARYLAND | | |
| Date of death <i>1907 Jan</i> | | Month | Day <i>4</i> | Years <i>40</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>Negro</i> | Birthplace <i>Palbot Co</i> | | | | |
| Occupation <i>Domestic</i> | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single <i>or Widowed</i> | | Name of Wife or Husband <i>Geo Jones</i> | | | | |
| Father's Name <i>—</i> | | Father's Birthplace <i>—</i> | | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>—</i> | | | | |
| Name of person giving information <i>Geo Jones</i> | | How related to deceased <i>Husband</i> | | | | |

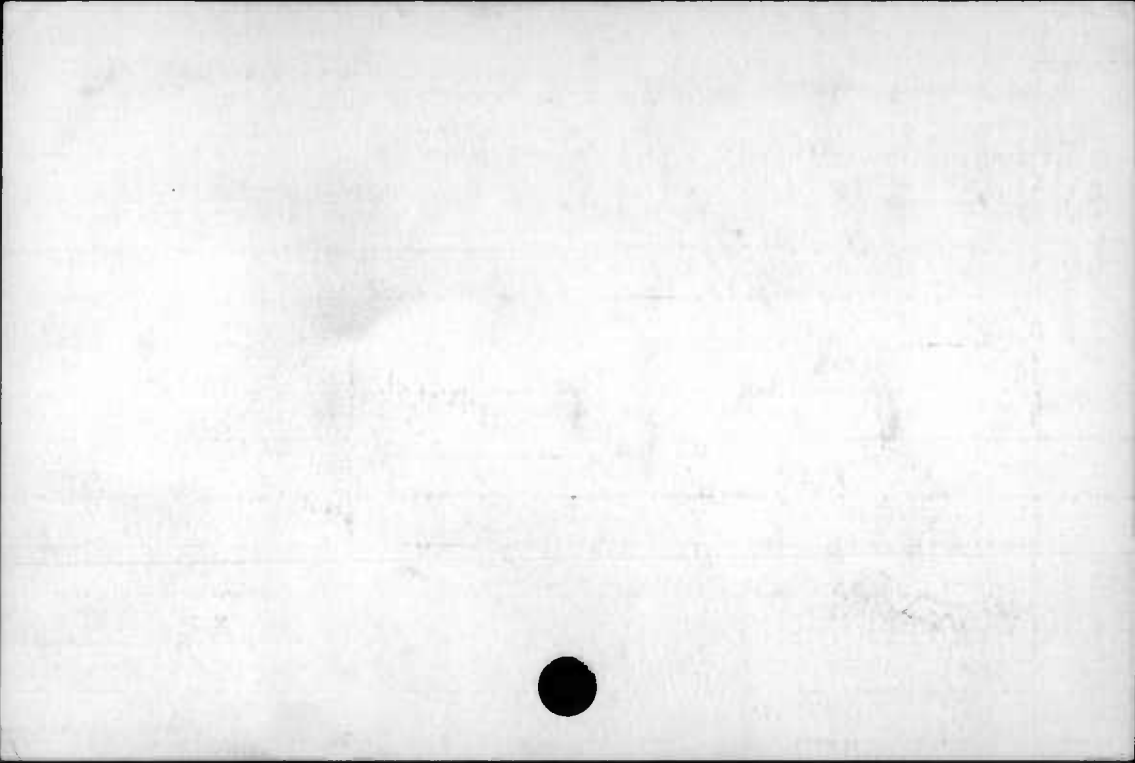
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Valvular heart disease</i> | How long <i>1 year</i> |
| Immediate <i>Valvular heart disease</i> | How long <i>2 or 3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Saml B. Fisher</i> |
| | Address <i>Royal Oak Ma</i> |
| Accident or Suicide? <i>—</i> | |



| Name in Full | | MARTHA LEE | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|--|------|---|------------------------|----------------------|------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | St. Michaels | | Talbot | | MARYLAND | |
| | Date of death | 1907 | Jan. | 12 | Age | 65 | |
| | Sex | Female | | Color or Race | Negro | | |
| | Occupation | Servant | | Where Residing if not at place of death | | Talbot Co. | |
| | Married, Single or Widowed | Widow | | Name of Wife or Husband | | Richard Lee | |
| | Father's Name | James Pierce | | Father's Birthplace | | Talbot Co. | |
| | Mother's Maiden Name | Matilda Green | | Mother's Birthplace | | Talbot Co. | |
| Name of person giving information | | Eliza Lee Perry | | How related to deceased | | Daughter | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Aortic Stenosis & Mitral Insufficiency | | | | How long | |
| | Immediate | General Anasarca - Cardiac Failure | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | J. H. Hope M.D. |
| | Accident or Suicide? | | | | Address | | St. Michaels Md. |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Near Royal oak* ^{County} *Talbot*Date of death ^{Month} *Jan* ^{Day} *17* ^{Years} *76* ^{Months} *9* ^{Days} *16*Sex *male* Color or Race *white* Birthplace *St Michaels*Occupation *Blacksmith* Where Residing if not at place of death *Near Royal oak*Married, Single or Widowed *Widowed* Name of Wife or HusbandFather's Name *Valliant Richardson* Father's Birthplace *Royal oak*

Mother's Maiden Name " "

Name of person giving information *Mrs Roselin Hunt* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Grip. Catarrhal pneumonia* How long *6 or 7 days*
Immediate *Asthma* How long

Are the name, age, sex, color, date and place correctly given above?

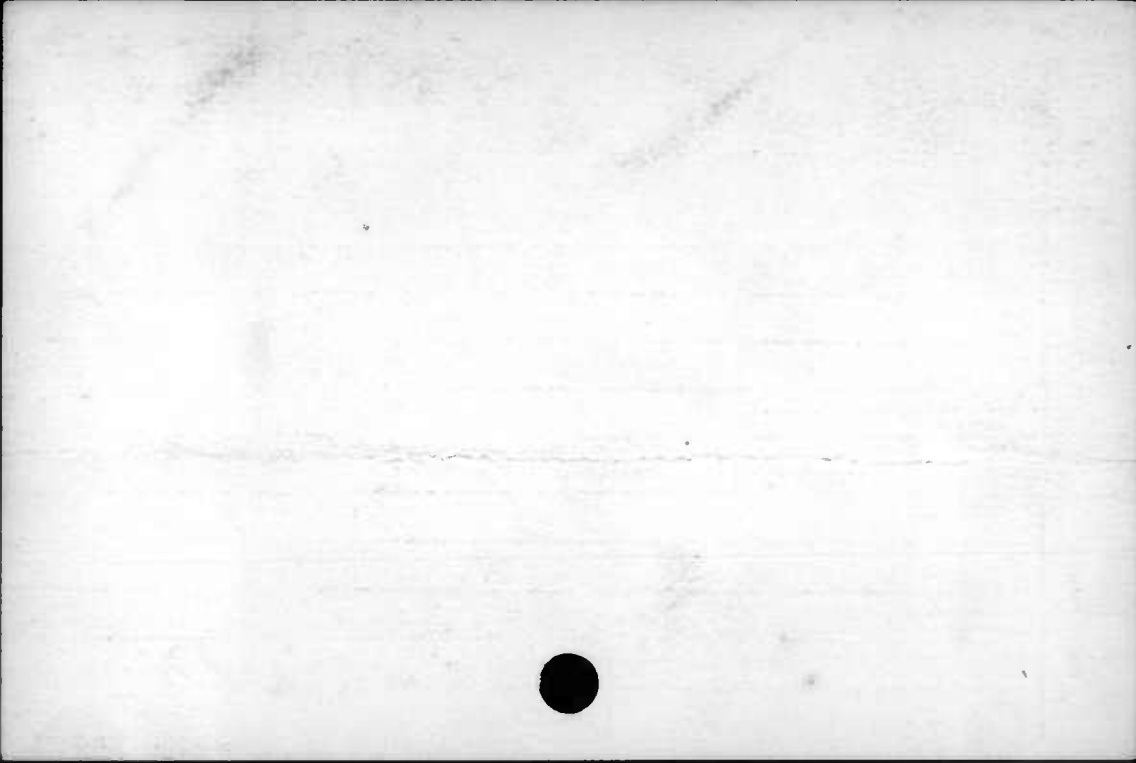
Yes

Signature of Physician

Address

Samuel C. Tripper
Royal oak, Md

Accident or Suicide?



Name
In
Full

Charlie Roberts JAN 16 1907

CERTIFICATE OF DEATH

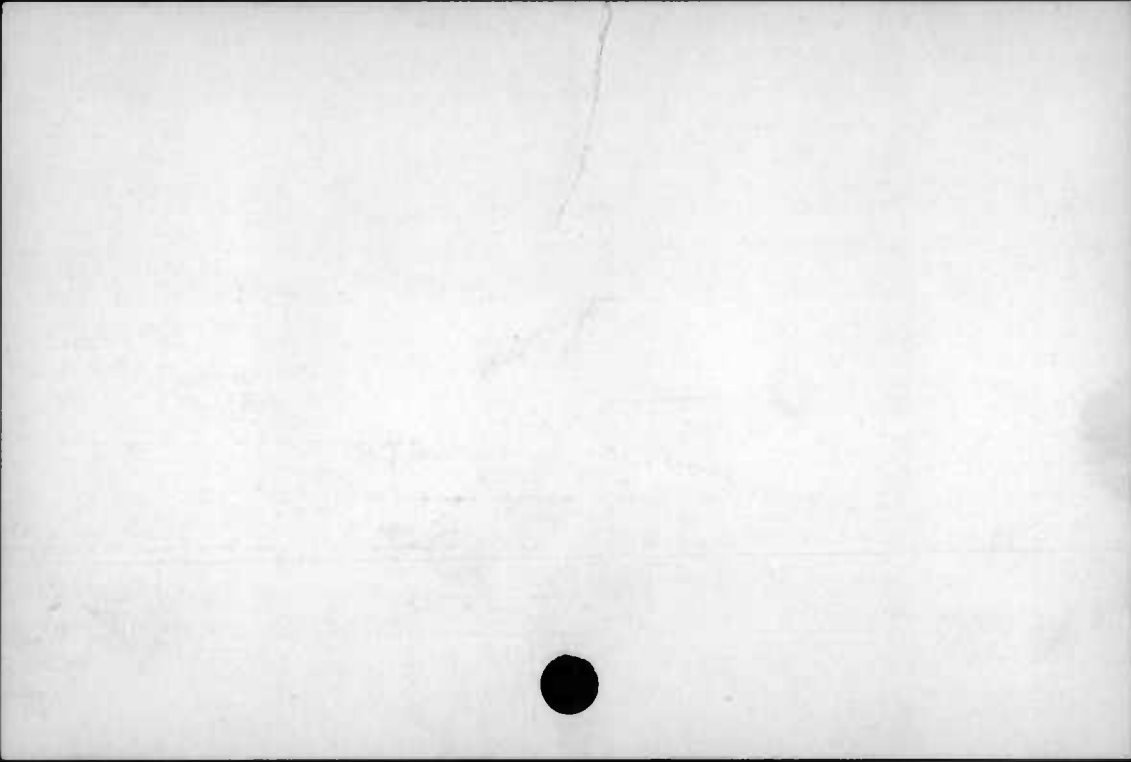
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|---------------|---------------------------|----------------|
| Died at <i>Chapel</i> ^{Town} | | <i>Talbot</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>1</i> | Day <i>22</i> | Age <i>1</i> | Years <i>0</i> |
| Sex <i>Boy</i> | | Color or Race <i>colored</i> | | Birth-place <i>Chapel</i> | |
| Occupation <i>Labourer</i> | | Where Residing if not at place of death <i>Chapel</i> | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Rachael Roberts</i> | | | |
| Father's Name <i>Harry Roberts</i> | | Father's Birthplace <i>Miles river neck</i> | | | |
| Mother's Maiden Name <i>Rachael Dobson</i> | | Mother's Birthplace <i>Chapel</i> | | | |
| Name of person giving information <i>Wm. E. Wilson.</i> | | How related to deceased <i>not any</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|------------------------------------|
| Primary <i>cold</i> | How long <i>2 days</i> |
| Immediate <i>cold</i> | How long <i>2 "</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>none</i> |
| | Address <i>Chapel.</i> |
| Accident or Suicide? <i>neither</i> | |



Name
in
Full

Massey Boss

CERTIFICATE OF DEATH

MARYLAND

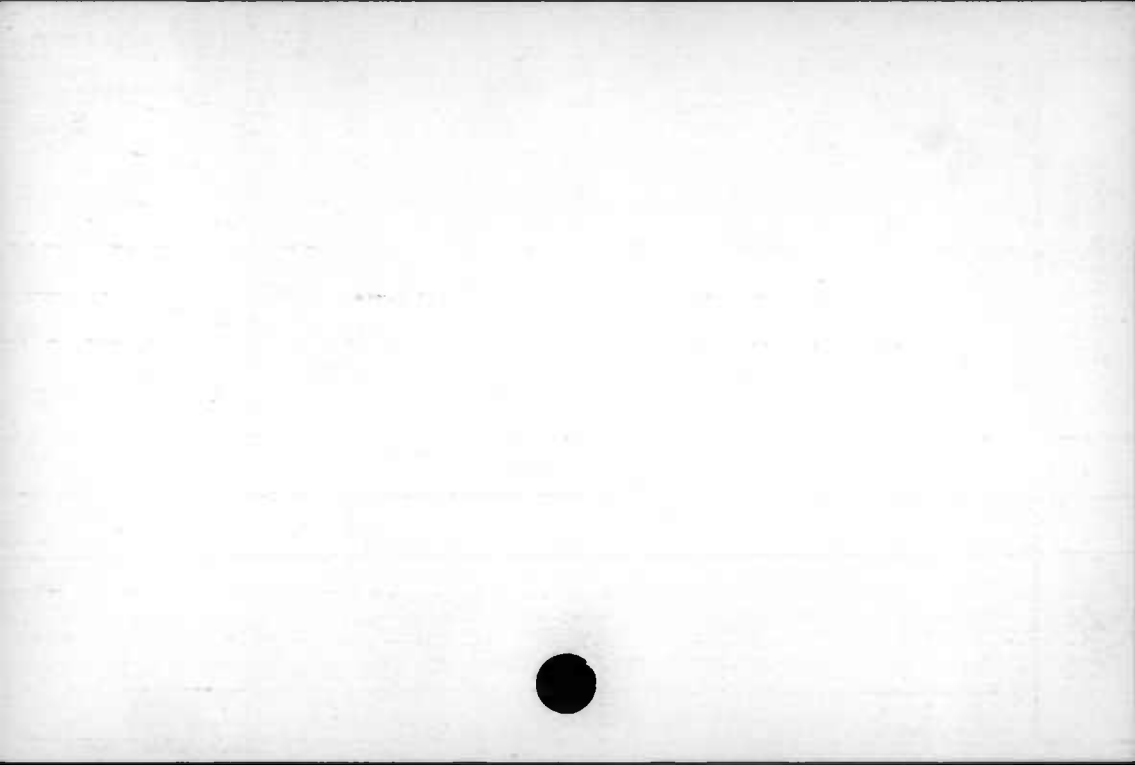
Died at ^{Town} *Pilghman*County *Talbot*Date
of death *1907*Month *1st*Day *29*Age *74*Months *10*Days *29*Sex *Male*Color or
Race *White*Birth-
place *Dorchester Co., Md.*Occupation
*Farmer*Where Residing if not
at place of death *Pilghman Md.*Married, Single
or Widowed *Single*Name of Wife or
Husband *Unknown*Father's
Name *Unknown*Father's
Birthplace *Unknown*Mother's
Maiden Name *??*Mother's
Birthplace *??*Name of person giving
In formation *Thomas Ross*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Dropsy*How long *6 months*Immediate *Heart failure*How long *48 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *W. W. Chaires*Address *Pilghman, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullMrs Mary Jane Harner
Tittman Town
Salbath County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1907

Month

Jan

Day

1

Age

Years

5-6

Months

11

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Salbath Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Tittman Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Lafayette Harner

Father's
Name

Joseph Harrison

Father's
Birthplace

Tittman Md

Mother's
Maiden Name

Mrs. Harrison

Mother's
Birthplace

" "

Name of person giving
in formation

John L. Harner

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

3 yrs

Immediate

Remittent fever

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. K. Nelson

Address

Tilghman
Md

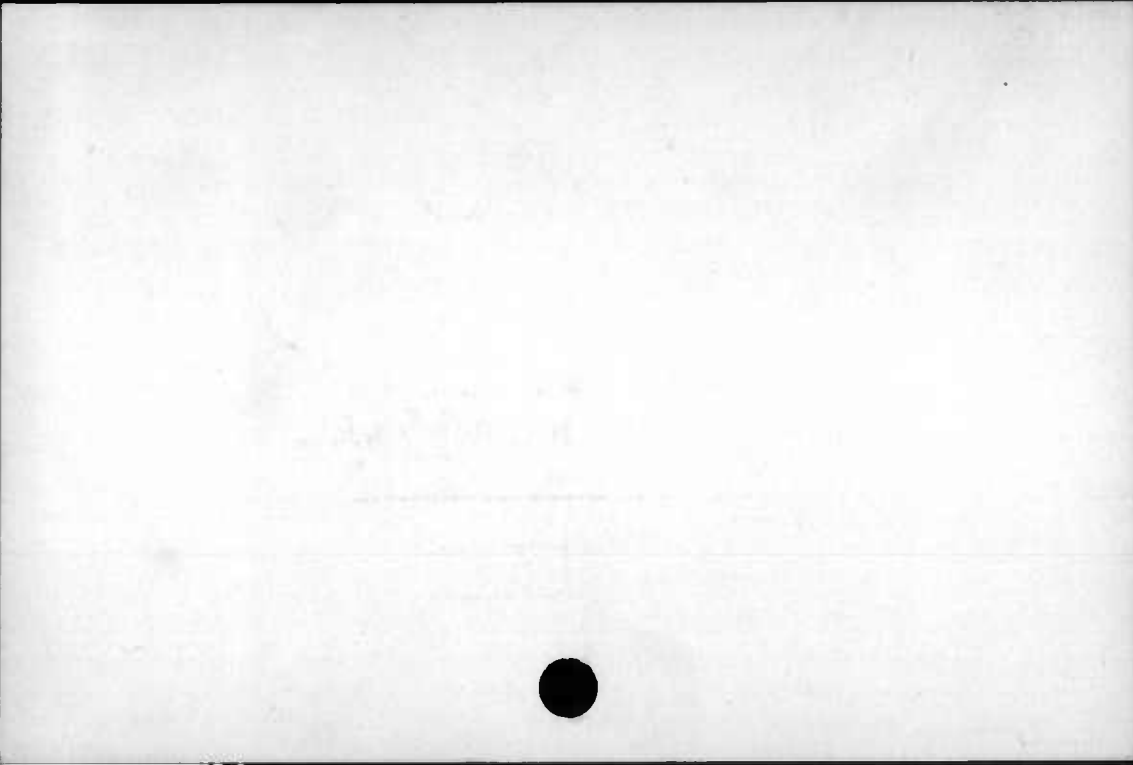
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



| Name in Full | | Harrington | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---------------------|-------------------------|---|-------------------------|------------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Easton | | County Tallent | | MARYLAND |
| | Date of death | 1907 | Month | 1 | Day | 7 | Age |
| | | | Years | | 0 | | Months |
| | | | Days | | 0 | | |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | | | | | Easton Md | | |
| | Occupation | | | Where Residing if not at place of death | | | |
| PHYSICIAN OR CORONER | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| | Father's Name | | J. Harry Harrington | | | Father's Birthplace | |
| | | | | | | Del | |
| | Mother's Maiden Name | | G. Elizabeth Pollock | | | Mother's Birthplace | |
| | | | | | | Del | |
| Name of person giving information | | J. Harry Harrington | | | How related to deceased | | Taller |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | [Redacted] | | | How long | |
| | | | | | | [Redacted] | |
| | Immediate | | [Redacted] | | | How long | |
| | | | | | | [Redacted] | |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | | Signature of Physician | |
| | | | | | J. Harry Harrington MD | | |
| | | | | | Address | | |
| | | | | | Easton Md | | |
| Accident or Suicide? | | | | | | | |



| | | | | | | | |
|-------------------------------------|--|-------------------|--------------------------|---|----------------|-------------|---------------|
| Name in Full | | Frank Wright | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} Easton | | ^{County} Talbot | | MARYLAND | | |
| | Date of death | 1907 | Month | January | Day | 5 | |
| | Age | | 76 | Years | Months | 4 | |
| | Sex | | Male | Color or Race | White | Birth-place | Henning Creek |
| | Occupation | | Retired | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | Married | Name of Wife or Husband | | | |
| | Father's Name | | Gibson W. Wright | Father's Birthplace | | | |
| Mother's Maiden Name | | Miss Parrott | Mother's Birthplace | | | | |
| Name of person giving information | | Charles G. Wright | How related to deceased | | | | |
| Son | | | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | old Age | | How long | | |
| | Immediate | | Chronic Gastric Catarrh | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Several months | | |
| | Signature of Physician | | E. R. Zupke | | Address | | |
| Address | | Easton | | Md | | | |
| Accident or Suicide? | | | | | | | |

